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Chewing on choice

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Introduction

The concept of 'individual choice' has become central to contemporary understandings of the relationship between food, health and well-being. Drawing on four research projects in which the authors have recently been engaged (Brooks 2010, Burges Watson et al. forthcoming, Goodman et al, 2012, Kvalvaag forthcoming), this chapter traces how and why this is so; exploring the multitudinous ways and means that discourses of 'food choice' have been deployed and gained political and material 'real world' salience in a number of different contexts. It locates 'choice' theoretically, as a concept borrowed from neoclassical economics to complement biomedical theories with a thinking subject; and politically, as an indeterminate and 'slippery' concept adaptable to shifting policy platforms. The multiple manifestations and consequences of this slipperiness are explored through the cases of: food and nutrition policymaking in the UK over the last 25 years; an international nutrition system generating policies and programmes for 'beneficiaries' in the developing world; and the strategies of an increasingly high-profile alternative food movement.

This chapter is organised as follows. We begin by tracing the emergence of choice as a core concept guiding food and health policy; finding its origins in the *a priori* separation of the thinking subject from the physical body in early medical science. In this case, the slipperiness of 'choice' is a result of its conceptualisation as 'clean thought', disconnected from both embodied experience and societal context. Second, we examine the operationalisation of the concept in UK food and nutrition policy between 1976 and 2010 through a critical discourse analysis of selected key policy documents published during this period. Several 'frames' of choice are identified. While determinate, the frames accommodate discourses of choice that are complex, overlapping and contradictory. Furthermore they have changed over time; reflecting the shifting balance of influence between different stakeholders in food and nutrition policy.

Third, we explore the repackaging of choice for export to low and middle income countries via international development programmes that seek to engineer choice in the direction of predefined development goals. In this case, nuances in interpretation observed in UK contexts are contrasted with globalised programmes that construct beneficiaries as passive objects of policy. Finally, we trace attempts of alternative food movements (AFNs) to reframe food choice as an ethico-political act; and are again reminded of the limits set by the dualistic framework. Considering the discourses of choice in these food movements, this section explores the politics

embedded in individual food choice as articulated in AFNs. In this case, recent developments in the 'turn to taste' in food studies converge with new developments in human biology to provide a starting point for the re-mapping of the conceptual and political terrain of food choice, health and eating through a consideration of the socialised and 'visceral' aspects and geographies of food (Goodman, 2011). We conclude by considering, briefly, what a 'chewing over' of individual choice might mean for further research and writing.

Forming choice: theorising action without a body

In this section we explore the origins of 'choice' as a core concept informing contemporary policies on food and health. The concept of choice, we argue, is the product of the co-evolution of three distinct bodies of knowledge concerning 'the body', 'food' and 'eating'. We begin by exploring how 'the body' came to be understood within modern medicine from the Enlightenment era onwards. Second, we trace the development of nutrition as the science of food and food-body interaction. Third, we turn our attention to how the act of 'eating' has been conceptualized. This analysis highlights 'individual choice' as an explanatory concept for action able to co-exist with established sciences of body and food premised on the analytical severance of the thinking subject from the material body.

The body

Fighting disease and securing life is the mandate of medical science (Porter 1996). Modern medicine, or biomedicine, emerged as the primary science of the body in Europe from the late 15th century onwards. This was a time when modern science was developing in search of 'the' true knowledge, cleansed of all myth and superstition. Such knowledge could only be accessed through systematic empirical method (Porter 1996), which required the isolation of both scientist and object of study from all personal and contextual disturbance (Haraway 1997). Moreover, the Cartesian separation of mind and body made possible the study of 'the body' as an object independent of 'the person'. A dualistic model became established which divided modern science into natural science (the study of nature and objects) and human science (the study of subjects and meaning) (Hawson 2004). Thus the study of the human body - understood as a physical object - was defined as a natural, not a human science.

This disciplinary demarcation co-evolved with technological advancements enabling the accumulation of more detailed knowledge of the body. The most important of these was the microscope (Amerman 2010), which made it possible to map, in detail, the body and its component parts - its anatomy. It also enabled close examination of its functions in terms of biochemical processes - its physiology. Thus the science of the body was defined in terms of two complementary disciplines - anatomy and physiology - with the laboratory as its central arena

(Shier et al. 2008). From this knowledge of 'normal' anatomy and physiology, it became possible to identify and treat disturbance and abnormality (Shier et al. 2008). Thus 'medical treatment' was understood as acting upon an identified abnormality in order to restructure the anatomy (through surgery) and/or restore the physiology (through medicine).

Food

Food, together with oxygen, is essential for bodily existence and development (Shier et al. 2008). Formal knowledge of food is generated by nutritional science, through the study of chemical and biochemical aspects of food (Andersen and Dreven 2007). As with medical science, the study of processes through which food and body interact once food has entered the body is bounded by the parameters of natural science. The science of nutrition emerged from biomedicine and is, to a large extent, constituted by the same configuration of theory, method, equipment and laboratory as the science of the body. Nutrition science can be summarised in terms of three types of research enquiry (Andersen and Dreven 2007). The first of these is basic research on the chemical content of food; in terms of proteins, carbohydrates, fat, vitamins etc. This is the foundation of nutritional science, on which other, more recent branches of nutritional research are based (Andersen and Dreven 2007).

The second type of enquiry in nutritional science examines interactions between food and the body after ingestion (Aas 2008). From these studies, scientific knowledge about how, why and where biological decomposition of food occurs in the digestive system - how different foods affect the body and what the body does with food that has been digested - is derived (Andersen and Dreven 2007). The third area of study is the mapping of diets. Translating diets, reported or observed, into chemical compounds analysable in terms of anatomic and physiological variables (BMI, blood sugar, cholesterol etc) enables physiological correlations between food and the body (or in the case of epidemiology, food and populations) to be made. These studies generate knowledge about what kinds of food promote health and cause illness (Andersen and Dreven 2007).

Eating

Food, like oxygen, is located outside the body, where it does neither good nor harm. Unlike oxygen, however, which is found everywhere, food needs to be brought into the body through individual action. Furthermore, prior to eating, food needs to be accessed, selected from among alternatives and prepared for consumption in suitable contexts and using appropriate tools. Eating requires both will and skill. With 'the body' and 'food' defined as physiological objects it has therefore been necessary to identify theories of action to explain 'eating'. While theories of food and body focus on the body as a physiological object; the conceptualisation of the act of eating requires input from disciplines concerned with the thinking subject.

The action of taking food into the body has been termed 'food intake' (Andersen et al 2007). The two types of action theory found in this literature are derived from neoclassical economics and behavioural psychology (Montano 1995). The main difference between these disciplinary perspectives is their understanding of meaning and will (Gunnerius 2003). In neoclassical

economic theory the unit of analysis is the autonomous, rational individual who chooses whatever brings maximise benefit - as long as s/he is provided with the right information (Cooper et al, 2010). Behavioural theory also focuses on the individual. This branch of psychology, however, developed in a positivistic tradition, mirroring natural science. For behaviourists there is, in principle, no difference between studying materiality (objects) and studying human behaviour (Gunnerius 2003). As with economic theory, the psychological mechanisms in behaviourism are to avoid discomfort and achieve reward (Gunnerius 2003). What distinguishes behaviourism is that action is theorised as an automatic (rather than a calculated) response to external stimuli. Individuals do not choose - they react (Teixeria 2011). Despite these differences, however, understandings of 'food intake' are in both cases premised on a dualistic model which has separated the natural world (of body and food as objects) from the human world of taste and preference, skill and action. As such, both theories serve to bridge the analytical gap between food and body without disturbing the established paradigm.

Choice

Established physiological understandings of body and food lack both a subject to act and context of interaction. Theories of action have therefore had to be imported from social sciences best placed to provide an individual subject independent of both body and food. Choice is a concept derived from neoclassical economic theory which serves this purpose. Premised on the existence of the rational, choosing subject - the neoclassical perspective severs 'the individual' from embodied experience and societal influence. Choice is thus valorised as 'clean thought'.

This severance of the thinking subject from both body and food implies that s/he is "free" to choose. Herein lies the contradiction. With no connection to body and food, the subject is utterly dependent on external sources of information in order to know how to act. Access to the right (i.e. scientific, evidence based) knowledge about body and food thus becomes a prerequisite for particular kinds of choice, e.g. 'healthy' choices. Which begs the question - why, in modern societies in which such information is said to be freely available do people make 'unhealthy' choices? The inability of scientists and policymakers to answer this question has created an ambiguous role for 'choice' as a concept informing contemporary food and health policy, as the next section highlights. In practice, and despite ubiquitous references to 'choice' as a guiding concept, distinct shifts in policy and practice can be detected which occupy the space between two extremes set by, on the one hand, a sovereign subject constructed by economists as free to choose and, on the other hand, a physiological determinism endorsed by behavioural theories that deny a role for choice.

Operationalising choice: the case of UK food and health policy (1976-2010)

Individual 'choice' has been operationalized in one political, discursive arena, in that of recent UK food policy. As commentators have observed, the dominant approach in food and nutrition policy in the UK (as in many other high income countries) over the last 20-30 years has been a focus on achieving better public health outcomes via behaviour change; specifically by changing food choices (Coveney 2003, Caraher and Coveney 2007). Given the growing evidence of the limited effectiveness of such approaches, particularly in the context of widening health inequalities (Jackson 2005, National Institute for Health and Clinical Excellence 2007) the continued reliance on an approach privileging choice as a pathway of change is puzzling (Coveney 2003). While some studies have explored choice in UK health policy and found it to be an indeterminate, but nonetheless important organising principle (Clarke 2005, Clarke .et al. 2006, Greener 2009), there has been no critical examination of the concept of choice in UK food policy.

Food and nutrition emerged as a public health priority in the UK in the 1970s. Previously, food policy had been primarily concerned with agricultural production, reflecting a post-war preoccupation with food security. During the 1970s, however, alarm about rising oil and food prices converged with new concerns about diet-related non-communicable diseases, putting food squarely on the health policy agenda. While there were no significant developments during the 1980s, from the early 1990s onwards there has been a succession of policy documents linking food and health. How has the concept of choice been put to work in these policies spanning 25 years? Using a critical discourse analysis approach (Fairclough 2001, Shaw 2010) we explored the uses and meanings of the term 'choice' in a series of policy documents.¹ From this analysis we identified five frames (Schön and Rein, 1994), each of which represents a distinct articulation of the relationship between subject, body and food (see Table 1).

Table 1: Frames of choice in UK Food Policy (1976-2010)

Choice as ...	comments
Personal responsibility	e.g. a civic duty to choose "well", must choose
An instrument for change	e.g. a means to achieve policy goals
An editing tool	e.g. because of an over-abundance of things to choose from we need someone else to choose for us
A problem	e.g. the "wrong" choice by particular groups e.g. young people; those who are obese
As freedom	e.g. choice as sovereign, as a right and policy goal

¹ For details about the study see Burges Watson et al. (forthcoming). This paper analyses the different ways in which the following UK policy documents construct choice: Prevention and Health (1976); the Health of the Nation (1992); the Scottish Diet Action Plan (1996); Food Standards Agency: 'A Force for Change' (1998); Choosing a Better Diet (2005); Food Matters (2008); and Healthy Lives, Healthy People (HLHP) (2010).

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It should be noted that these frames are by no means commensurate. Choice is framed variously as an action that we do (e.g. because we must, or something we do improperly) as a pathway to achieve change (e.g. via individual choices or others choosing for us) and as an object (e.g. freedom of choice as a policy goal). Secondly, while all frames were identified across all the documents, the extent to which different frames were emphasised or de-emphasised has varied between documents and over time. These dimensions of variation are manifestations of the indeterminacy of the concept of choice identified earlier.

It is interesting to note how these policy documents position the role of *personal responsibility*. Only the oldest document we considered, 'Prevention and Health' (1976), frames making healthier choices as an issue of civic responsibility. For example, this document includes statements such as 'the weight of responsibility for his own state of health lies on the shoulders of the individual himself' (p.38). Documents from the 1990s and 2000s illustrate a move away from choice as individual responsibility towards an acknowledgement that consumers might (or should) desire healthier choices and *that they need help in order to do this*. Regulatory bodies (like the Food Standards Agency), the private sector (as seen in HLHP) and government itself (in the Scottish Diet Action Plan) are each highlighted as in some way responsible for helping consumers make better choices.

The corollary of this discourse of responsibility is that someone, usually the individual consumer, is perceived as a '*problem chooser*' who has failed to self-govern and make the 'right' choices. Prevention and Health (1976) speaks bluntly of 'public apathy', 'self poisoners' and positions some individuals as 'reckless' in the light of their choices. By 2010 when 'Healthy Lives, Healthy People', the most recent of the documents analysed, was published the language had been tempered but certain groups of individuals, notably teenagers and young people, were still viewed as problem choosers because of their 'harmful lifestyles'.

Most of the documents we looked at cited 'freedom of choice' as an important concept although, notably, this applies not only to individuals but also the food industry as a sector. When the Food Standards Agency was conceived of in the early 1990s it was argued that freedom of choice should be constrained as little as possible. Freedom of choice for both consumers and the food industry was an a priori condition for the terms of reference of the new FSA (Food Standards Agency 1998). Later policies maintained this position and in 2008 'Food Matters' highlighted that individuals enjoyed greater freedom to choose food from a wider range of retailers. Paradoxically, of course, it is this freedom that is also considered a problem. 'Problem choosers' exercise too much freedom, whether individual consumers making 'unhealthy choices' or the food industry developing too many 'unhealthy' or unsustainable products from which to choose.

The 'Scottish Diet Action Plan' (1996) was the first policy document to be explicit in allocating the role of 'choice editing' to the food industry. Retailers, in particular, are highlighted as being well placed to guide consumers towards healthier food items, through point of sale materials, for example. Even small independent retailers, it is suggested, can edit consumer choices. This choice editing role is developed further in the cross-governmental approach advocated in Food Matters (2008). This document highlights the need for choice editing, not only to reduce the 'burden' on consumers in making healthier choices, but also to guide them towards broader food sustainability goals. Referring to 'evidence that consumers are looking to retailers to make some of the more difficult environmental and ethical trade-offs on their behalf' (Cabinet Office 2008:60), it suggests supermarkets adopt environmental and ethical screening criteria in their product selection. Here the term 'choice editing' is used interchangeably with 'screening' (Cabinet Office 2008:61). Moreover, this document goes further in acknowledging the limits to individual responsibility for choice, through its overarching frame of choice as an 'instrument for change' in the context of a cross-governmental initiative to 'facilitate a public debate about food that fosters cultural and behavioural change' (Cabinet Office:36).

The most recent of the documents analysed; 'Healthy Lives, Healthy People' (2010) features a new strategy, that of 'nudging' consumers towards better choices. 'Nudging' is a relatively new concept that has been taken up by the Obama administration in the USA and attracted the attention of 'big society' advocates in the UK (Thaler and Sunstein, 2008, Hunter, 2011). It implies a greater role for the private sector that involves using the techniques at its disposal to identify flaws in individual decision making and make use of those flaws to shape choices (Hausman and Welch, 2010:126). The example presented in Box 1 is illustrative. While new to UK policy discourse, this approach could be interpreted as an extension of the industry's 'choice editing' role. However, a shift from making healthy choices easier to making (albeit 'unhealthy') choices impossible by exploiting human flaws is no small step. While framed by an overarching - and enduring - discourse of 'choice', the concept of nudging appears to owe more to behavioural theories than neoclassical formulations of rational choice.

Box 1: A nudge in the right direction? 'Bigging up healthier favourites'

A recent article in 'The Grocer' magazine, aimed at the food industry; highlights a new initiative to 'big up' the fruit and vegetable content of 'some of the nation's favourite dishes'.

'From spaghetti Bolognese to chicken korma, plans have been drawn up by leading supermarkets and suppliers to boost the fruit and veg content of their products at the expense of fatty, high energy density ingredients'.

'In some cases the radical plans will even see consumers encouraged to eat bigger portion sizes that satisfy their appetites while providing more low energy density food'. This strategy, it is argued, 'will have a broad appeal as many customers view low-calorie foods as a major turn-off'.

This initiative 'is also aimed at satisfying the Department of Health, which is drawing up plans for an obesity White Paper and seeking commitments from the industry to slash calorie intake in the next phase of the Responsibility Deal'.

Source: 'New obesity plans 'big up' healthier favourites' by Ian Quinn, The Grocer, 10 September 2011

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In summary, this analysis highlights that choice is, indeed, a dominant theme within UK food policy discourse, but it is neither a monolithic nor a stable concept. Rather it is indeterminate and slippery. Despite identifying five frames of choice, the discourses they reveal are complex, overlapping and contradictory. These contradictions betray an unresolved tension between two parallel 'explanations' for individual action. Neoclassical economics, purportedly the hegemonic social science discipline of our day, posits a rational, choosing subject. Our analysis of policy documents is revealing of the attempts by governmental actors to explain the gap between such simplistic constructions and the daily, lived, embodied decisions and actions of individuals living in modern society. In the process, a drift towards behaviourism is discernible. While retaining the language of choice, policies increasingly defer to actors best placed to shape the choices of those apparently unable to do so for themselves; even if these actors represent a food industry largely responsible for the range and quality of choices available.

Exporting choice? Engineering choice in pursuit of 'development'

We now shift our focus to the developing world, showing the ways that individual choice has been repackaged and exported from 'the North' to 'the South'. This, in turn, is a part of a larger story of shifting 'fashions' in international nutrition programming that has had more to do with the internal dynamics of an 'international nutrition system' (Morris et al., 2008:608) than the priorities of developing countries (Bryce et al., 2008). This system, while far from cohesive, comprises actors from 'international and donor organisations, academia, civil society and, increasingly, the transnational, private sector' that collectively sets the agenda for policy, programming and funding allocation aimed at reducing the global burden of malnutrition (Morris et al., 2008:608-9).

The history of the international nutrition system can be traced back to the 1930s when visionaries like John Boyd Orr, founding director of the FAO, established the concept of the 'ideal nutritional standard' in what was then the Health Organisation of the League of Nations. At that time, developments in what would later become 'international nutrition' were almost solely drawn from the industrialised North, with the notable exception of the pioneering work of Cecily Williams (1935) on the Gold Coast on the link between Kwashiorkor and protein deficiency. From this time until well into the 1960s the 'protein paradigm' enjoyed a period of uninterrupted hegemony in international nutrition. Nutrition policy in the developing world was thus framed by protein deficiency as the overriding problem, and the development and provision of supplements to populations who otherwise had no choice but to live on low-protein diets as the solution.

By the 1970s the protein paradigm was being displaced by a very different perspective, in which the 'problem' was broadened to protein-energy malnutrition (PEM); whose underlying cause was

poverty. This was the era of multi-sectoral programmes aimed at increasing *access* to food (cf. Sen 1981). Such programmes were concerned less with promoting particular nutrients (and shaping choices) than with expanding access to food in general. The national campaign undertaken in Thailand remains the iconic success story from this period (Tontisirin et al., 1995). However, multi-sectoral planning yielded patchy results; and there was mounting concern among nutritionists that the pendulum had swung too far towards a concern with the quantity of food (any food) at the expense of dietary quality (Gillespie et al., 2004).

With the publication of new findings demonstrating links between micronutrient deficiency and disease (vitamin A, iron, iodine - and later, zinc) and in particular their economic implications (Bhaskaram, 2002, Horton and Ross, 2003), the stage was set for a return to nutrient-based programming. This shift converged with changes in the international development arena. From the 1990s onwards, vertical micronutrient programmes were increasingly favoured by donors as a mode of intervention likely to demonstrate impact *vis a vis* the now ubiquitous millennium development goals (MDG) framework; while placing minimal burden on public institutions 'rolled back' as a result of structural adjustment reforms. The most celebrated interventions of this type were salt iodisation and vitamin A capsule (VAC) distribution. The latter was introduced as a 'stop gap' that would ultimately make way for more sustainable, food-based approaches, but has since become a permanent fixture on the international nutrition landscape (Latham, 2010).

The 'international nutrition system' is a disparate group, with different objectives, products, and ways of working (Morris et al., 2008:608); and this is apparent in debates surrounding alternative approaches to micronutrient-related nutrition programming, which tends to polarise between advocates of vertical programmes that promise 'impact at scale' by bypassing choice and delivering nutrients in a form that people consume whether they like it or not (MI, 2001); and those who promote the slower but, arguably, surer route of community-based behaviour change initiatives (Delisle, 2003). At both ends of the spectrum, however, the beneficiaries are defined as 'problem choosers': the difference lies in whether to 'improve' choices or obviate choice altogether.

One method that has gained prominence in recent years is biofortification (the development of micronutrient-dense staple crops).² Biofortification takes the logic of industrial fortification and pharmaceutical supplementation programmes one step further; embedding nutrition 'in the seed' in a method conceived as inherently scalable across space and over time (Bouis 2004). Under the leadership of the international agricultural research system (the CGIAR) biofortification research represents a new and evolving interdisciplinary science bridging agriculture and nutrition (CIAT and IFPRI, 2002). The question of choice and how to guide it has been conceptualised by a community of agricultural economists firmly rooted in the neoclassical tradition (Brooks, 2011) concerned with how to induce poor (but nevertheless rational) consumers to 'switch' from non-biofortified to biofortified varieties (Stein et al., 2005). Methods for analysing 'willingness to pay'

² For example, biofortification has been identified by the influential group of economists known as the 'Copenhagen Consensus' as 'one of the top five solutions to global problems'

<http://www.copenhagenconsensus.com/Default.aspx?ID=1306> (21 August 2011).

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for biofortified crops are currently being tested in Sub Saharan Africa (Meenakshi et al., 2010, De Groote et al., 2011). A consistent feature of this work is a narrow understanding of user engagement as necessary for securing ‘consumer acceptance’ for pre-defined products. Located within the contested world of international crop research, this heralds a retrogression from farmer participatory research to a recasting of farmers as ‘consumers’ of the outputs of formal R&D (Ashby, 2009).

The development of sophisticated methods for *engineering* choice for biofortified crops belies a reliance on simple causal pathways linking ‘consumer choice’ with desirable public health outcomes (Stein et al., 2005). Such a formulation denies the bio-cultural diversity that still exists in many developing country agri-food systems (Johns and Sthapit, 2004); in which ‘individuals’ are both consumers and producers, and local seed and grain markets display an array of varieties adapted to diverse agro-ecologies, seasonal conditions, tastes and cultural occasions (for example see Castillo, 2006, Asia Rice Foundation 2004). The international nutrition community has been remarkably silent on this issue, perhaps because this approach does not represent a change of paradigm given the widespread acceptance of large-scale micronutrient delivery programmes, despite the dearth of evidence in support of their claims for impact on child blindness and mortality. Latham (2010) reveals that despite its initial construction as a short term measure, the global vitamin A machine has grown in scale and power to a point where it is difficult to change course. Crucially, it is a machine that is deeply embedded in an international nutrition system increasingly organised around public-private partnerships.

In the micronutrient era the international nutrition community has been able to accommodate increased alignment with the private sector while averting examination of the conflicts of interest this involves. With the system now shifting its attention to the problem of diet-related NCDs as the new ‘global challenge’ (Daar et al., 2007, Yach et al., 2004), could this be about to change? Recent academic literature points towards *access* to choice as an emerging issue in a globalised world in which macroeconomic policies increasingly function as *de facto* health policies (Hawkes, 2006). In this respect, alternative food movements have played an important role in reframing questions of food choice. The next section explores these attempts to carve out alternative food futures.

Reframing choice through tasti-ness? Articulations of choice in/by AFNs

In addition to theorisations of choice and its embeddedness in national and international food policy, choice is also ‘put to work’ by the movements and in the politics of AFNs (Goodman et al. 2012). Indeed, choice is always present in the discourses of AFNs. Although the ways in which these movements frame ‘choice’ differ from those found in public policy they are, nevertheless just as slippery, ambiguous and contradictory. Furthermore, they are also shifting, particularly

with the transformation of 'alternative' foods from being fringe items to becoming familiar supermarket fare.

The politics of choice, in one way or another, greatly inform and indeed motivate AFN movement actors and, as far as can be understood, consumers. Yet, there is also a great diversity of interpretations of what choice is, should be, how it should be articulated and to what ends by these movements and their academic commentators. At one extreme, there are parts of the movement that champion individual choice as the seemingly only, but also 'right' and 'best' way to articulate AFNs. This ethos is encapsulated in the words of Harriet Lamb, the executive director of the Fairtrade Foundation, in a recent newspaper biopic in the Independent (2009) of the 'travels of the Fairtrade queen':

She energetically mimes out British supermarket shoppers, whizzing round in a hurry, loading up their trolleys at breakneck speed. "Imagine this is a shop", she says. "And I'm going shopping. Shopping, shopping [she wails like a baby] and I'm quickly taking tea, coffee, sugar from the shelves. Quick, quick, quick. Then I'm looking for cheap tea, cheap coffee. If I'm only buying cheap coffee then the price for you is also low." Suddenly she raises a hand, and her voice, and addresses in absentia the great British shopper. "STOP!" she exclaims. "STOP! Don't buy cheap coffee! If you buy cheap coffee then it is bad for the workers. Look for Fairtrade. Ah, 'Fairtrade. From Rwanda'"

Choice here takes on a moral-ethical, political and economic function in that it is the 'right' thing to do as an individual consumer, signals to the supermarket that consumers don't wish to buy 'cheap' coffee and buying into fair trade provides economic development to the farmers on the other end. For these tropes, 'real' and 'fair' food comes at a cost that needs to be borne by consumers out of their desire and obligation to pay the 'real costs' of these often higher-priced foods. Food labelling is crucial here, as a means to provide consumers with the information they need to use their 'mind' to make the 'right' choice.

At another extreme are those AFN movement actors who work to take choice 'out' of the equation, articulating that food should be healthy, safe, accessible, and 'fair' for everyone. Much of this rhetoric is about 'transformations' towards a socially and environmentally just food system, most often through regulatory and governance structures that work to change the provisioning of food from the outset. Thus, we will not be able to 'choose' our way to healthier, safer and fairer foods, with many activists and movement actors in this camp suspicious and rather critical of the power of choice as a form of politics. 'Choice editing' is also entertained here like in food policy, but might be considered a sub-set of this way of thinking in AFNs in that it is about 'removing' the opportunities for choice around 'bad' foods and/or other commodities based on social, environmental and other criteria.

A number of scholars have critically explored the complexities and contradictions inherent in 'choice' as a form of politics in AFN. Julie Guthman (2007; see also 2008a, b) highlights an 'anaemic' politics of alternative food choice which merely replicates the inequalities of consumption already embedded in consumer capitalism and bolsters already powerful mechanisms of neoliberalism. Raj Patel (2007) concurs with this analysis but concludes differently,

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arguing that, while more choice for alternative foods such as fair trade and organic foods are indeed needed as a way to 'battle back' against conventional food systems; the focus in the first instance should be on the ways that food multinationals have actually constrained consumer choice within a bounded series of goods designed to make a profit. Finally, Barnett et al (2011) in their treatise on fair trade as a form of ethical consumption, argue that, in actuality, so-called individual consumer choice and practice is instead thoroughly socialised, much of it through the politicised actions of NGOs and food movement groups themselves. Choice is not an individualised act. Rather, it is an act that has social consequences through the ability of these 'consumption singularities' to be globalised 'citizenly' acts that have implications for poor farmers through the mechanisms of fair trade movements and markets.

However, in none of these accounts designed to persuade consumers to make the 'right' choices is there mention of the role of taste in the politics of these choices and/or their effects. This is not to say that taste is not a key element in the marketing of these 'quality' foods, far from it. Indeed, many AFNs have made inroads into conventional markets and expanded AFN marketability by telling consumers that they 'taste' better. In the UK, for example, there has been a noticeable shift of focus in the marketing of fair trade coffee; with quality and taste first and foremost and the moral economy of development taking a back seat to the desire to be seen as 'better tasting' (for more, see Goodman et al, 2011). This suggests that AFNs are as much about the bodily affects of taste and good tasting as they are about the minded knowledge of improving the conditions of production. In this case, AFNs are not only working across the mind-body dualism of choice but they are 'engineering' choices in such a way that consumers (or at least those who can afford these 'quality' items) have 'no choice' but to purchase them due to their quality and taste. In this case, AFNs are treading closely to the marketing techniques of the 'conventional' food industry in their attempts to 'nudge' consumers towards AFNs as a 'way of life' rather than as the articulated expression of individualised choice.

Conclusion: chewing tasty politics

'Individual choice' is often assumed to have been a recent construction associated with contemporary neoliberal globalisation. This paper has shown that its origins go back much further than this. It has traced the origins of 'choice' as a concept informing food and health policy to early developments in the medical sciences in the late 15th century. In particular, *a priori* severance of the thinking subject from the material body has delimited theorisation of the act of eating to two narrow formulations: as either a product of rational choice (by a subject without a body) or a 'gut-level', conditioned response (by a body that cannot choose). In the space between such contradictory and context-free explanations for individual action, 'choice' has proved an elastic concept which has been stretched to its limits in the justification of policies designed to steer

consumer behaviour in desired directions. But desired by whom? Herein lies the conundrum that lies at the core of food and health policy discourses characterised by an increasing deference to the transnational food industry and its purportedly 'essential' role in food policymaking.

The implications of the under-theorisation of choice in relation to body, food and eating are illuminated by a detailed examination of the multiple ways in which choice has been framed in public policy - as the UK case study demonstrates. While the presence of 'choice' was a constant across all the policies reviewed, its use has shifted in a direction that accommodates an increasing role for private sector actors who are both complicit in limiting choices to purportedly bad ones while seen as playing a key role in helping to steer consumers towards good ones. The subtlety of discourses and practices surrounding choice in public policy in the UK can be contrasted with the way in which international nutrition and development programmes set out, explicitly, to *engineer* choice in low and middle income countries. The impoverished understandings of local context upon which such programmes are based ignore both the socio-economic realities that constrain access to choice as well as the rich bio-cultural diversity that has traditionally characterised foodways in much of the developing world - and are ultimately undermined by globalised programmes founded on reductionist thinking originating in a different place and time.

The location of 'choice' in discourses of alternative food movements muddies the waters yet further, mirroring, to a great extent, its multiple and contradictory uses in 'conventional' food systems. These dynamics highlight the need for more and better conceptual tools to understand choice: within a framework that incorporates a Bourdieuan sense of class and culture, 'taste' and 'distinction' (Bourdieu 1984). The organoleptic 'turn to taste' of recent scholarship on AFNs, led by Allison and Jessica Hayes-Conroy (2008, 2010), therefore represents a welcome point of departure. Building on Elspeth Probyn's (2000) *Carnal Appetites*, the Hayes-Conroys and others envision 'visceral geographies of food' as an engagement with the sensual, lived, 'gut' responses we have to food, with all their attendant ambiguities, complexities and problematics of taste, tastiness and disgust.

These studies re-establish the missing link between 'everyday judgements that bodies make' and the political, 'minded' decisions based on careful consideration of the consequences of consumption (Hayes-Conroy, 2008: 462). Interestingly, parallel developments in human biology - notably in neurology and epigenetics (Hart, 2008) - are also challenging the established dualistic paradigm, suggesting new possibilities for interdisciplinary engagement (Gordon and Lemond, 1997). Central to these discussions should be a thorough 'chewing over' of the visceralities of food choice and eating, not only in national and international policymaking, but also in the alternative food movements working to create better, and better 'choose-able' food futures.

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